

Disapproved

SOAZ Staff

SPECIAL OLYMPICS ARIZONA Volunteer Application - Adult



This is a permanent form that must be completed before any Class A volunteer participates in a Special Olympics activity.

Part 1□	Gener	al Info	rmatic	n (please p	orint)						
Full Legal Name											
First:	0	0	0	_ Middle:	1			_ Last:			
Mailing Address:					1			_ Email Ad	dress:		
City:	0	0	0		1	0	, AZ¤	□ Zip Code	:		
Day Phone:(□	_)	0		Cell Phone:	:- <u>(</u> -	_)		0	_Date of Bir	th :	Age:
Employer / School	/ Organiz	ation: <u> </u>	П		1		0		$_{ m C}$ Occupation	n:	
Social Security Nun (required for back									Gender:	Female	○ Male
Part 2□	Volun	teer In	terest	(please indi	icate the	e area(s)	that yo	u would l	ike to volu	nteer)	
Local Level - De	legation:	.00			1	_	Contact	:			
	•	_	_		_		_			_	
Coach Chaperone Finance Fund raiser Medical Services Unified Sports Partner Any (No preference) Area Level (please circle one if applicable) Coconino, Mohave, Navajo Nation, SNASO, Yavapai, Gila Payson, West Valley, Maricopa,											
East Valley, Douglas, Graham Greenlee, Pima, Central Pinal County, Yuma, Sierra Vista											
Area Management O Finance O Fund raiser O Games Management Team (Competition) O Sports Instructor O Any (No preference)											
State Level	_										
Data Entry O Fundraiser O Games Management Team (Competition) O Medical Services O Officiating O Public Relations											
Sports Instruc	tor O	Sports Mai	nagement	O Any (N	o prefere	ence) C) Other_				
Part 3□	Backg	round	Inform	ation (All	questio	ns must	be answ	ered. All	informatio	on is conf	idential.)
1) Do you use illega	al drugs?_										O Yes ===O=No
2) Have you ever b	een convi	cted of a	criminal o	ffense?							O Yes==O=No
3) Have you ever b	B) Have you ever been charged with neglect, abuse or assault?										
4) Has your driver's license ever been suspended or revoked in any State?											
5) Do you have a valid driver's license? Yes Driver's License #											
Please read and sign below.											
• The relationship between Special Olympics Arizona and volunteers is an "at will" arrangement, and this application may be denied or the relationship may be terminated for any reason.											
• The information that I have provided will be verified by a background check or any other means deemed appropriate, and I give permission to Special Olympics Arizona to make inquiry of others concerning my suitability to act as a Special Olympics Arizona volunteer.											
 In the course of viconfidence. 	olunteerin	g for Specia	l Olympics	Arizona, I may	be dealing	with conf	idential inf	ormation ar	id I agree to k	eep said info	ormation in the strictest
 I grant Special Oly 	mpics Arizon	a permissio	n to use my	likeness, voice	e, and wor	ds in telev	ision, radio	, or in any 1	orm to promo	te activities	of Special Olympics Arizona.
By signing, I affirm the for behavior and acti	at I have r vities as sp	ead the ab pecified by	ove and th Special Oly	e information ympics Arizona	I have giv	en is true	and compl	ete and I ag	ree to abide	by the guide	elines and stipulations
Signature =					0					0	Date
For Authorized Personnel Only - Photo ID verification • By signing, I affirm that all Part 1 general information appears to be genuine and I have verified the information with a current photo ID.											
Signature					0		0		0	0	Date
For Office Use Only Approved - No R	estriction	s O App	roved - Re	estricted from	n driving	on behal	f of SOAZ	Appro	oved - Restric	cted from <i>j</i>	financial duties for SO

Date